L-1040 LANSING 2013 13MI-LNS1

		INDI	IVIDUAL RETUR	RN DUE APRIL 3	30, 2014											
「axpayer's SSN			Taxpayer's first	name		Initial	Last nam	9						Nonresident	Part-yea	
Spouse's SS	SN		If joint return spouse's first name Initial Last name									Resident Nonresident resident Part-year resident - dates of residency (mm/dd/yyyy)				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												· ·	esident -	dates of residen	cy (mm/dd/yyyy)	
			Present home :	address (Numbe	r and street)				Apt. no.		rom				\dashv
		SSN(s) above and on are correct.		, , , , , , , , , , , , , , , , , , , ,									CTA	TUC		
,e			Address line 2 (P.O. Box address for mailing use only)									FILING STATUS Single Married filing jointly				
			Address line 2	(i .O. Dox addies	33 101 IIIaiiii	ig use of	''' y)					Sing	ie _	iwarried filing	jointly	
or city use	only		City, town or po		State Zip code						separately. Ente					
of city use offig							Otato			2.15 0000		SSN in Spouse's SSN box and Spouse's name here.			1 Spouse's full	
			Foreign country	(namo	Eoroi	an provis	nce/count	<u> </u>	Foreign p	actal cod	0					
			1 01019			gii piovii	T province/county			Foreign postal code		Spouse's full name if married filing separately			separately	
		ROUND	ALL FIGURES TO NEAREST DOLLA			AR	AR Column A				0-1	D		0-	Column C	
ATTACH W-2 FORMS HERE ENCLOSE CHECK OR MONEY ORDER	IN	ICOME (Drop amounts under \$0.50 and increase mounts from \$.50 to \$0.99 to next dollar)				Fede	Column A ral Return Data				Column B ns/Adjustments		Taxable Income		
	1.	Wages, salaries, tips,							.0	00		.00			.00	
	2.	Taxable interest	<u> </u>				.00			-			.00			.00
	3.	Ordinary dividends					.0			_	.0			.00		
	4.		nds, credits or offsets of state and local income taxes				.00			_	.00.			NOT TAXABLE		
	5.	Alimony received					.00					.00			.00	
	6.	Business income or (loss) (Attach copy of federal Schedule C)					.00					.00			.00	
		Capital gain or (loss)														
	7.	(Attach copy of fed. S	ch. D) 7a.	7a. Mark if federal Sch. D not required		7	.0			0			.00			.00
	8.	Other gains or (losses) (Attach copy of federal Form 4797)				8	.0			0			.00			.00
	9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)				9	.0			0			.00			.00
	10.	Taxable pensions and	axable pensions and annuities (Attach copy of Form(s) 1099-R)				.00			0			.00			.00
	11.		ralties, partnerships, S corporations, trusts,													
		etc. (Attach copy of federal Schedule E)				11	.00			0			.00			.00
	12.	Subchapter S corporation distributions (Attach federal Sch. K-1)				12	NOT APPLICABLE						.00			.00
	13.	Farm income or (loss)	or (loss) (Attach copy of federal Schedule F)			13	.00			0			.00			.00
	14.	Unemployment comp	t compensation			14	.00			0			.00	NOT .	TAXABLE	
	15.	Social security benefit	ocial security benefits				.00			_			.00	NOT .	TAXABLE	
	16.	Other income (Attach	ncome (Attach statement listing type and amount)				.0						.00			.00
	17.	Total additions	Total additions (Add lines 2 through 16)				.00.			-			.00			.00
	18.	Total income (18							.00			.00			
	19.	Total deduction	ns (Subtractions) (Total from pag	ge 2, Deduct	tions sch	nedule, lin	e 7)					19			.00
	20.	Total income a	otal income after deductions (Subtract line 19 from line 18)										20			.00
	21.	Exemptions (E), page 2	age 2, box 1h, in line 21a and multiply this				21a								
	00								1	21b			.00			
	22.			btract line 21b fr y Lansing reside			01) or no	nresident t	ax rate of 0	5% (0.00)5)		22			.00
	23.	Tax at {tax rate} ar	nd enter tax on li	ne 23b, or if usir									23b			.00
		Payments	om Schedule TC Lansing tax wit		Other tax pa	ayments	(est, exte	nsion,	Credi	t for tax p	oaid	Total	200			.00
	24.	and credits 24a	Lanoning tax in	.00 24		ersnip &					.00	payment & credits				.00
	25.	Interest and penalty for		e		Intere				Penalty		Total	,			
		estimated tax payments; underpayment of estimated tax; or late payment of tax 25a					.00 25b				interest & penalty 25c					.00
	_,	Amo	unt you owe (Ac	dd lines 23b and							P	PAY WITH	1			
	1 /	AX DUE 26. MAK IF PA		MONEY ORDER REDITCARD/ELE							F	RETURN	26			.00
	O'	VERPAYMENT	27. Tax ove	erpayment (Subt	ract lines 23	3b and 2	5c from li	ne 24d; ch	oose overpa	ayment o	ptions on lin	es 28 - 30)	27			.00
	20	Amount of	Police Problem	Solving	Но	pe Scho	larship		Homel	ess Assi	stance	Total				
	20.	donated 28a .00 28b					28c					Total donation	ıs 28d			.00
	29.	Amount of overpayme	ent credited forw	ard to 2014						An	nount of cred					.00
	30.	Amount of overpayme						directly de	posited to							
		your bank account, m	aik reiund dox, l	Refund	irpiete line (Refun	d amount >	> 30		-	.00
		Direct deposit refund	31a		Routing number											
	31.	(Mark (X) box 31a an complete lines 31c, 3		ble		Account number the Account Type: Checking Savings										
		and 31e)														
						0	JP		9		1					